

**NO OBJECTION CERTIFICATE**

For pursuing M.Phil / Ph.D. Course of Assam University, Silchar

Name of the Candidate : .....

Address with Mobile No. and email ID : .....

.....

.....

Department / Institution / Organisation where working:.....

.....

Post Held : .....

NOC issued for the period : From ..... to .....

**CERTIFICATE**

Certified that .....  
is a regular employee since ..... The Department has **No Objection** in his/her  
undergoing research programme in the Assam University, Silchar. In case of his selection for  
the research programme he/ she would be granted six month leave for attending course  
work classes (Feb-July, .....).

Date :

(Signature)

Place :

(with seal)



**ASSAM UNIVERSITY, SILCHAR**

**CERTIFICATE OF M.PHIL. DISSERTATION EVALUATION**

Certified that the M.Phil. Dissertation submitted by

Ms /Mr.....  
Department of ..... under  
Supervision of .....  
on the research topic .....  
.....has  
been evaluated and positive reports have been received.

As per the provision of AU Ordinance, he/she may be considered for the admission to Ph.D. programme of the University.

Date :

Controller of Examinations  
Assam University, Silchar



**ASSAM UNIVERSITY**

(A Central University established by Act No. 23 of 1989)  
SILCHAR - 788011 (ASSAM)

Affix latest  
passport size  
photograph  
duly attested by  
the Head of the  
University  
Department

**APPLICATION FORM FOR GETTING EXEMPTION FROM PH.D. COURSE WORK**

A. Name of the Department : .....

B. Tick (✓) the box whichever is applicable for you.

Full time

Part time

If part time Scholar, please state:

Teacher of AU Department/ affiliated college / permitted college.

Teacher in college/ university other than AU.

Scientist/ Professional.

C. Do you belong to Scheduled Caste (SC) or Scheduled Tribe (ST), OBC or Person with Disability (PWD) category (Enclose documentary evidence in support of your claim)

SC      ST      OBC      PWD

D. Assam University Registration No.: .....Year of registration .....

1. Name of the candidate. ....  
(in block letters).

2. Mother's name : .....

3. Father's name: .....

4. Date of Birth .....

5. Sex:      Male      Female      Others

6. Permanent Address : .....

With PIN, Phone (Mobile No.) and Email ID : .....

.....  
.....

7. Present Address: .....

.....  
.....  
.....

8. (a) Nationality:..... (b) Religion: .....  
(Copy of Visa should be enclosed in case of foreign candidate)

9. Unique Enrolment No. & Date of admission

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D	D	M	M	Y	Y	Y	Y
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**Date of Admission**

10. Details of M.Phil.

a) University/Institution .....

b) Subject .....

c) Title .....

d) Date of award of degree .....

e) Marks obtained in coursework

Paper I	Paper II	Paper III	Paper IV	Total marks	Marks obtained	%/Grade

11. Whether previously / presently employed? Yes No

If yes, (i) Name of the

Employer .....

.....  
(Copy of No Objection Certificate should be enclosed)

16. Title of the proposed research work (in block letters) .....

.....

17. (a) Name and designation of the Supervisor: .....

.....

(b) Name and designation of the Co-supervisor (if any): .....

.....

18. Details of the fee paid vide receipt No..... Dt.....

Particulars	Amount	Receipt No	Date
Admission			
Annual fees for the year .....			
Annual fees for the year .....			
Other fees if any			

19. Whether previously or currently registered in any Ph.D. Program in AU or any other university

Yes No

If so, give the details .....

I hereby declare that I have already qualified coursework as per the UGC regulations 2016 from Assam University Silchar, with 55% of marks and required credit points / with equivalent grade.

As per the provisions of the AUS Ordinance on M.Phil. and Ph.D. Degrees, 2017, I may be exempted from Ph.D. course work.

Date :.....

Signature of the candidate

**RECOMMENDATION OF THE DRC**

Certified that Ms/Mr. ....

has qualified course work as per the UGC regulations 2016 from Assam University Silchar, with 55% of marks and required credit points / with equivalent grade.

The RAC has recommended him/ her for granting exemption from Ph.D. course work.

Date:.....

Signature of the HOD / Chairperson, DRC

**RECOMMENDATION OF THE DEAN**

Ms/Mr. ....

meets the requirements as laid down in the AUS Ordinance for the M.Phil and Ph.D. Degrees, 2017 and therefore she/he is granted exemption from Ph.D. course work.

Date: .....

DEAN

School of .....

**IMPORTANT INSTRUCTIONS TO CANDIDATE**

- A. All entries must be in the candidates own handwriting.
- B. The form should be duly filled in and complete in all respects.
- C. Put tick (✓) mark wherever applicable.
- D. The form should be submitted as per instruction of the concerned authorities.
- E. The form should be accompanied by attested/ self attested copies of all the relevant documents.
- F. Application should be submitted in triplicate within 7 days from the date of admission.



**FORM-4**

**ASSAM UNIVERSITY, SILCHAR, ASSAM (INDIA)**  
**APPLICATION FORM**  
**Course Work Examination,.....**

Paste a  
Passport Size  
Photograph  
here (do not  
staple)

Examination \_\_\_\_\_  
Department \_\_\_\_\_  
Roll \_\_\_\_\_ No. \_\_\_\_\_  
- (To be filled by the Office)

**PARTICULARS TO BE FILLED UP BY THE CANDIDATE**

- Name of the Candidate in **BLOCK LETTERS** only : \_\_\_\_\_  
(As recorded in the **HSLC Certificate / AU Registration Certificate**)
- Name of the course pursuing (M.Phil/Ph.D.) \_\_\_\_\_
- Name of the Exam Centre : **SILCHAR**                      **DIPHU CAMPUS**                      Put tick (✓) mark wherever applicable.
- Are you enrolled for any academic course of AUS / any other University? If yes, give details, \_\_\_\_\_  
\_\_\_\_\_
- Registration no. \_\_\_\_\_ of \_\_\_\_\_
- Father's/Guardian's Name \_\_\_\_\_
- Mother's Name \_\_\_\_\_
- Date of Birth \_\_\_\_\_ 9. Nationality \_\_\_\_\_ 10. Religion \_\_\_\_\_  
(As per Board/ University Record)
- Category : General      SC      ST      OBC      PWD                      12. Sex : Male      Female  
Others  
(Please Put Tick (✓) mark)
- Permanent Address : \_\_\_\_\_  
\_\_\_\_\_
- Date of Admission in M.Phil./Ph.D. Programme \_\_\_\_\_ in the Department of \_\_\_\_\_
- Course(s) to be appeared

General Papers		Arrear Papers	
Course/Paper No.	Course/ Paper Name	Course/Paper No.	Course/Paper Name

- Reference of Course Work Examination (If appeared earlier) \_\_\_\_\_  
Examination \_\_\_\_\_  
Result \_\_\_\_\_

Place \_\_\_\_\_  
Date \_\_\_\_\_

**Signature of the Candidate**

**INSTRUCTIONS**

- Candidate should submit filled in Examination form downloaded from University Website (to be printed in both side of Legal size paper).
- Candidate must enclose the following documents along with application form.
  - HSLC Marksheet/ Certificate/admit card.
  - Certificates/ Marksheets of Academic Qualifications
  - Certificate/ Marksheet of the Last examination passed
  - AU Registration Certificate

- e. Gap Certificate (if any)
- f. Fee receipt of examination fees which includes centre fee and Marksheet fee.

**Incomplete Application will be Summarily Rejected**

To,  
The Controller of Examinations, Assam University, Silchar

Through the Dean, School of \_\_\_\_\_  
Assam University, Silchar.

Sir,  
I wish to appear for the ensuing Course Work Examination for M.Phil/Ph.D. Course to be held in the month of .....  
20..... The fee receipt is enclosed herewith.

I testify that, to the best of my knowledge and belief all the statements made by me are true and correct. If any of the statements made in the application is incorrect in the opinion of the authority of the University or I have in any way contravened the provision of the University Rules and Regulation relating to the Examination my application shall be liable to be cancelled by the authority of the University at any time.

If I fail to submit Migration Certificate within the stipulated time, my result will not be published.

Signature in full .....

Correspondence address: .....

.....

Date .....

Phone no. ....

Pin: 

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**LAST EXAMINATION PASSED**

Name of the Examination	Name of the University	Roll/ No.	Year of Pass

**CERTIFICATE**

Certified that the above named candidate has fulfilled all the eligibility criteria to appear for the above examination and that he /she has

(i) Completed the assignments of the Course Work.

Paper	Particulars	Credit Earned
501		
502		
503		
504		

- (ii) Satisfied the stipulation regarding attendance.
- (iii) Submitted N.O.C and Leave Sanction Order from the employer (Copy must be enclosed)
- (iv) Document exempting from course work classes.
- (v) Paid the prescribed examination fees & other dues.

Nothing is known against his/her conduct and character which debars him/her from appearing in the examination.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

**Signature of the Head of the Deptt.**  
(Seal)

Forwarded the application form of Course Work Examination, 20.....in respect of .....  
.....of..... Department along with the copies of  
requisite documents for necessary permission to sit at the ensuing Course Work Examination.

Place \_\_\_\_\_ Date \_\_\_\_\_

**Signature of the Dean of the School**  
(Seal)

To  
The Controller of Examinations Assam  
University, Silchar



**ASSAM UNIVERSITY, SILCHAR**  
**PROGRESS REPORT**

- 1. Name : .....
- 2. Unique Enrolment No. : .....
- 3. Date of Admission : .....
- 4. Department : .....
- 5. Whether Part time / Full time : .....
- 6. Topic / Title (if registered) : .....
- .....
- .....
- 7. Name and Designation of Supervisor : .....
- 8. Name and Designation of Co-supervisor (if any) : .....
- 9. Period of Report : From ..... To .....
- 10. No. of working days during the Report : .....
- 11. No. of days attended : .....
- 12. Date of the RAC Meeting : .....
- 13. Brief comment of RAC :

Certified that the candidate is a fulltime /part-time scholar. He/She is attending the department as per the provisions of the AU Ordinance. His/her overall performance is satisfactory.

**Signature of RAC Members :**

- 1. .... (Supervisor)
- 2. .... (Head of the Department)
- 3.
- 4.
- 5.





Affix latest passport size photograph duly attested by the Head of the University Department

ASSAM UNIVERSITY
(A Central University established by Act No. 23 of 1989)
SILCHAR - 788011 (ASSAM)

APPLICATION FORM FOR TITLE REGISTRATION FOR M.PHIL. DEGREE

- A. SUBMITTED TO THE DEPARTMENT OF
B. Do you belong to Scheduled Caste (SC) or Scheduled Tribe (ST), OBC or Person with Disability (PWD) category
C. Assam University Registration No.: Year of registration

[No case would be processed without AUS Registration No.]

- 1. Name of the candidate
2. Mother's name
3. Father's name
4. Date of Birth
5. Sex: Male Female Others
6. Title of the proposed research work
(Synopsis, Approx 2500 words, on proposed research topic to be enclosed)

7. Unique Enrolment No. [Grid for enrolment number]

Course Code Year of Admission Running No.

[Grid for date of admission]

Date of Admission

- 8. Length of time completed from passing the Course Work
9. Details of Course Work
a) University/Institution
b) Subject
c) Date of qualifying the exam

d) Marks obtained in coursework

Paper I	Paper II	Paper III	Paper IV	Total Marks	Marks obtained	%/ Grade

10. Permanent Address (in full) .....  
 With PIN, Phone (Mobile No.) and Email ID.

.....  
 .....

11. Present Address: .....

.....  
 .....

11. (a) Nationality:..... (b) Religion: .....  
 (Copy of visa should be enclosed in case of foreign candidate)

13. Details of the Examination passed: (Enclose documentary evidence for the entries in these columns)

Name of the Examination	Board/ University	Year of Passing	Subject(s)	Marks Obtained	Maximum Marks	% Grade	Remark
HSLC/Equivalent Examination of 10 <sup>th</sup> level							
HS/Equivalent Examination of 10+2 level							
Bachelor degree/ Equivalent degree							
Master degree							
Any other degree							

14. If there is any gap/ discontinuity in studies, state the reason(s) along with relevant documentary evidence.....

15. Name and address of institution from where you have passed the qualifying examination:

.....

16. Whether previously / presently employed?                      Yes                      No

If yes, (i) Name of the Employer .....  
 (Copy of No Objection Certificate, and Leave Sanction Order should be enclosed)

17. Subject and field of specialization at Post-Graduation: .....
- .....
18. Publication (if any).....  
(attach separate sheets, if necessary)
19. Name and designation of the Supervisor: .....
20. Details of the fee paid

<i>Particulars</i>	<i>Amount</i>	<i>Receipt No</i>	<i>Date</i>
Admission fee			
Coursework exam fee			
Annual fee for the year .....			
Annual fee for the year .....			
Other fees if any			

21. Whether previously or currently registered in any academic program in AU or any other university Yes No  
If so, give the details .....

Date :.....

Signature of the candidate

**RECOMMENDATION OF THE RAC**

Certified that Ms/Mr. ....  
proposes to do research work under my supervision on the title stated in the application. The RAC recommend his / her name for Title Registration for M.Phil. program. (Copy of the report of RAC enclosed)

Date:.....

Signature of the Supervisor

**RECOMMENDATION OF THE BPGS**

The title registration of Ms/Mr. ....

For M.Phil. programme is recommended vide BPGS resolution No..... dt. ....

Date: .....

Chairperson BPGS

Department of .....

**FOR OFFICE OF THE DEAN OF CONCERNED SCHOOL**

1. Name of the candidate: .....
2. Department: .....
3. Title of the proposed research work: .....  
.....
4. Date of Recommendation from School Board: .....
5. Grade / percentage of marks obtained in Course Work Exam: .....

Date:.....

Signature of the Chairperson of School Board  
School of.....  
(Office seal)

**IMPORTANT INSTRUCTIONS TO CANDIDATE**

- A. All entries must be in the candidates own handwriting.
- B. The form should be duly filled in and complete in all respects.
- C. Put tick (✓) mark wherever applicable.
- D. The form should be submitted as per instruction of the concerned authorities.
- E. The form should be accompanied by attested/ self attested copies of the following documents:
  - (i) HSLC, HS, Degree and Master Degree Certificates.
  - (ii) Marksheets of all examination passed.
  - (iii) No Objection Certificate from employer, if employed.
  - (iv) Leave sanction order from employer, if employed.
  - (v) Copy of A.U. Registration Certificate.
  - (vi) SC/ST/OBC /PWD Certificate, if applicable.
  - (vii) Certificate of good health from a registered medical practitioner.
  - (viii) Certificate from Principal /HOD/ Gazetted Officer regarding intervening gap, if any.
- F. Application should be submitted in duplicate along with copies of detailed research proposal and abstract of the proposal.

Form 6(b)



Affix latest passport size photograph duly attested by the Head of the University

ASSAM UNIVERSITY
(A Central University established by Act No. 23 of 1989)
SILCHAR - 788011 (ASSAM)

APPLICATION FORM FOR TITLE REGISTRATION FOR PH.D. DEGREE

- A. Submitted to the Department of .....
B. Tick(✓) the box whichever is applicable
Full time Part time
If part time, please state:
Teacher of AU Department/ affiliated college / permitted college.
Teacher in college/ university other than AU.
Scientist/ Professional.
C. Do you belong to Scheduled Caste (SC) or Scheduled Tribe (ST), OBC or Person with Disability (PWD) category (Enclose documentary evidence in support of your claim)
SC ST OBC PWD
D. Assam University Registration No.: ..... Year of registration .....

[No case would be processed without AUS Registration No.]

- 1. Name of the candidate.....
(in block letters)
2. Mother's name :.....
3. Father's name:.....
4. Date of Birth .....
5. Sex: Male Female Others
6. Title of the proposed research work (in block letters) .....
(Synopsis, Approx 2500 words, on proposed research topic to be enclosed)
7. Unique Enrolment No. & Date of admission
Course Code Year of Admission Running No.
Date of Admission

8. Length of time completed from passing the coursework .....
9. Details of coursework
- a) University/Institution .....
- b) Subject .....
- c) Date of qualifying the exam .....
- d) Marks obtained in coursework

Paper I	Paper II	Paper III	Paper IV	Total Marks	Marks obtained	%/ Grade

10. Permanent Address (in full) .....  
 With PIN, Phone (Mobile No.) and Email ID.  
 .....  
 .....

11. Present Address: .....  
 .....  
 .....

12. (a) Nationality:..... (b) Religion: .....  
 (Copy of visa should be enclosed in case of foreign candidate)

13. Details of the Examination passed: (Enclose documentary evidence for the entries in these columns)

Name of the Examination	Board/ University	Year of Passing	Subject(s)	Marks Obtained	Maximum Marks	% Grade	Remark
HSLC / Equivalent Examination of 10 <sup>th</sup> level							
HS/ Equivalent Examination of 10+2 level							
Bachelor degree							
Master degree							
M.Phil.							
Any other degree							

14. If there is any gap/ discontinuity in studies, state the reason(s) along with relevant documentary evidence.....

15. Name and address of institution from where you have passed the qualifying examination:

.....

16. Whether previously / presently employed?                      Yes                      No  
 If yes, (i) Name of the Employer .....  
 (Copy of No Objection Certificate, and Leave Sanction Order should be enclosed)
17. Subject and field of specialization at Post-Graduation: .....
18. Publication (if any) .....  
 (Attach separate sheets, if necessary)
19. (a) Name and designation of the Supervisor: .....  
 (b) Name and designation of the Co-Supervisor: .....

20. Details of fee paid

<i>Particulars</i>	<i>Amount</i>	<i>Receipt No</i>	<i>Date</i>
Admission fee			
Course Work Exam fee			
Annual fee for the year .....			
Annual fee for the year .....			
Other fee			

21. Whether previously or currently registered in any academic program in AU or any other university Yes                      No  
 If so, give the details .....

Date :.....

Signature of the candidate

### **RECOMMENDATION OF THE RAC**

Certified that Ms/Mr.. .....  
 proposes to do research work under my supervision on the title stated in the application. The RAC recommends his/her name for Title Registration for Ph.D. program. (Copy of the report of RAC enclosed)

Date:.....

Signature of the Supervisor

### **RECOMMENDATION OF THE BPGS**

The title registration of Ms/Mr. ....  
 for Ph.D. programme is recommended vide BPGS resolution No..... dt. ....

Date: .....

Chairperson BPGS  
 Department of .....

**FOR OFFICE OF THE DEAN OF CONCERNED SCHOOL**

1. Name of the candidate: .....
2. Department: .....
3. Title of the proposed research work: .....  
.....
4. Date of Recommendation from School Board: .....
5. Grade / percentage of marks obtained in Course Work Exam: .....

Date:.....

Signature of the Chairperson of School Board  
School of.....  
(Office seal)

**IMPORTANT INSTRUCTIONS TO CANDIDATE**

- A. All entries must be in the candidates own handwriting.
- B. The form should be duly filled in and complete in all respects.
- C. Put tick (✓) mark wherever applicable.
- D. The form should be submitted as per instruction of the concerned authorities.
- E. The form should be accompanied by attested/ self attested copies of the following documents:
  - (i) HSLC, HS, Degree, Master Degree, and M.Phil. Certificates.
  - (ii) Mark-sheets of all examination passed.
  - (iii) No Objection Certificate from employer, if employed.
  - (iv) Leave Sanction Order from employer for the period of course work or course work exemption order, if exempted.
  - (v) Copy of A.U. Registration Certificate.
  - (vi) SC/ST/OBC /PWD Certificate, if applicable.
  - (vii) Certificate of good health from a registered medical practitioner.
  - (viii) Certificate from Principal /HOD/ Gazetted Officer regarding intervening gap in study, if any.
- F. Application should be submitted in duplicate alongwith copies of detailed research proposal.



Form-7

**EXPERT PANEL FOR EVALUATION OF M.Phil / Ph.D. THESIS**  
**(to be placed during M.Phil. title registration and prior to one year**

Name of the student :

Enrollment No (with date) :

Title Registration Date :

AU registration no (with date) :

Registered Title :

Name of Supervisor :

Name of co-supervisor (if any) :

Suggested name of Experts :

SI No	Name & Designation	Complete Present Address with Email-ID & Phone No.	Permanent Address with Email-ID & Phone No

Date of submission :

Signature of the Supervisor :